

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <i>10708931</i>	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)	
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/						51	
2		/					52	
3		/					53	
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8		/					58	
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47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	